

Foster Family Home - Corrective Action Report

Provider ID: 1-582727

Home Name: Welma Nalos, CNA

91-910 Pailani Street

Ewa Beach

HI 96706

Review ID: 1-582727-7

Reviewer: Jackie Chamberlain

Begin Date: 3/3/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 Client # 1 No RN delegation present for [REDACTED]
Client # 2 No delegation for [REDACTED]
Client # 3 No delegation for [REDACTED] on medication

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Visiting hours were listed as limited 9am - 4 pm. Under the My Choice My Way and new federal rules, clients must be able to have visitors 24/7

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #3 - 1 medication prescription for [REDACTED] was not on medication administration record.

Jackie Chamberlain RN
Compliance Manager

Welma Nalos
Primary Care Giver

3/3/2020
Date

3/3/2020
Date

Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **WELMA NALOS**

CCFFH Address: **91-910 PAILANI ST. EWA BEACH, HAWAII 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53.(b)(15)	Home policy and procedure has been changed to visiting hours "24/7" per "my choice my way" guidelines	03/4/2020	Home will check CTA newsletter and other resources for new regulations and make changes immediately
54(c)(5)	Case Management agency made corrections to medication administration record of client#3 to include [REDACTED]	03/4/2020	Home will check medication administration record of client each new medication change and request update from Case Management Agency
43(c) 3	RN delegations have been completed, signed and placed in clients binders client # 1 - [REDACTED] medications client # 2 [REDACTED] client # 3 [REDACTED]	03/04/2020	Home will request delegations from case management RN with each change in medications / new client / new procedure to remain compliant

Primary Caregiver's Signature: Welma Nalos

Print Name: WELMA NALOS

Date of Signature: 3/4/2020